



4 Date Received _____ Operator No. _____ Cashier No. _____

Assessment of Gross Proceeds of Coal Mines

For year ending December 31, 20_____
Title 15, Chapter 23, Part 701, MCA

Name of Mine _____ County _____

Section _____ Township _____ Range _____ S.D. _____

Owner, lessee, or operator of the mine _____

Address _____

Total number of tons sold _____

FOB Mine price of tons sold \$ _____

Note: Information provided should be in total not per ton.

Deductions

Black Lung Tax \$ _____

Federal Reclamation Tax \$ _____

Resource Indemnity Trust Tax \$ _____

Coal Severance Tax \$ _____

Coal Gross Proceeds \$ _____

Royalty Deduction \$ _____

Total Deductions \$ _____

Contract Sales Price \$ _____

For Internal Use Only

Mineral Exemption _____
Tax Rate _____
Taxable Value _____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief the information contained herein is true, correct, complete and in compliance with applicable Montana statutes and regulations.

Signature of Principal Officer or Agent

Date

Date due: On or before March 31st **Mail to:** Montana Department of Revenue
P.O. Box 5805
Helena, MT 59604-5805